JACOBSON HOLMAN
PROFESSIONAL LIMITED LIABILITY COMPANY
THE JENIFER BUILDING
400 SEVENTH STREET, N.W. WASHINGTON, DC 20004

Attny's Docket No. <u>6208/P68721US1</u>

## SMALL ENTITY DECLARATION [37 CFR 1.9(c-f)]

Each unders	signed declares that;	, , , ,		
(	1) Ithe application attached here	eto.		
(	2) U.S. Application Serial No.	·	, filed	
(	3) U.S. Patent No	lssued		
is entitled to virtue of the	the benefits of "small entity" status for following:	paying reduced fees under 3	S USC 41(a) and (b) to the Patent and	i Trademark Office by
	4) Each undersigned declares to 37 CFR 1.9(c).	that he/she qualifies as an In	dependent inventor, or would qualify h	nad he/she made the
concern aug	5) The undersigned declares the lifes as a small business concern as duthe small business concern, or if the right	efined in 37 CFR 1.9(d); that	wered to act on behalf of the concern exclusive rights to the invention have It other rights belong to small entitles	been conveyed to and
	(6) The undersigned declares the qualifies as a nonprofit organization as	at he/she is an official empow s defined in	ered to act on behalf of the organizatio	n Identified below; that
	(a) 37 CFR 1.9(e)(1)			
	(b) 37 CFR 1.9(e)(2)			
	(c) 37 CFR 1.9(e)(3)			
1	(d) 37 CFR 1.9(e)(4) that exclusive rights to the invention have all other rights belong to organizations	State law of e been conveyed to and remains defined in 37 CFR 1.9.	In with the organization, or if the rights	are not exclusive, that
under contr	(7) Each person, concern or organiact or law to assign, grant, convey, or li	zation to which I/we have ass cense any rights in the inven	signed, granted, conveyed or licensed tion is listed below;	i, or am under an
	(a) oo such person, co	ncem or organization		
	<ul> <li>(b) persons, concerns (a separate declaration is required from status as "small entities."]</li> </ul>	or organization listed below each named person, concern	or organization having rights to this inv	rention avening to their
Full Name	Woodstream Corporation			
Address	_69 North Locust Street, Lititz, Po	ennsylvania 17543		
	Individual x	Small Business Concern	Nonprofit Organizat	don
entity prior l	nowledge the duty to file, in this applicat to paying, or at the time of paying, the ea longer appropriate. (37 CFR 1.28(b))	ion or patent, notification of a rilest of the issue fee or any n	any change in status resulting in loss naintenance fee due after the date on v	of entitlement of small which status as a small
are believed by fine or im	by declare all statements made herein of it to be true; and further that these state prisonment, or both, under Section 100° of the application, any patent issued the	nents were made with the kno I of Title 18 of the United State	owledge that wijlful false statements so es Code and that such wijlful false state	made are punishabl
	(8)			Data
	Typed Name of Inven			Date
	Typed Name of Inven	tor Signature	·	Date
	Typed Name of Inven	tor Signature		Date
	Typed Name of Inven		RPORATION	Date
	THANY E. Whaley		cam or Monprofit Organization	[D () 03
	Title of Signatory	Signature	·)	

## DECLARATION AND POWER OF ATTORNEY U.S.A.

ALL PATENTS, INCLUDING DESIGN FOR APPLICATION BASED ON PCT; PARIS CONVENTION; NON PRIORITY; OR PROVISIONAL APPLICATIONS

FOR ATTORNEYS' USE ONLY ATTORNEYS' DOCKET NO. 6208 / P68721US1

101	As a below named inventor, I declare that my residence, post office address and citizenship are stated below next to my name, the information given herein is true, that I believe that I am the original, first and sole inventor (if only one name is listed at 201 below), or an original, first and joint inventor (if plural inventors are named below at 201-203, or on additional sheets attached hereto) of the subject matter which is claimed and for which patent is sought on the invention entitled:  CPU-CONTROLLED, REARMING, HIGH VOLTAGE OUTPUT CIRCUIT FOR ELECTRONIC ANIMAL TRAP								
102	which is described	and claimed in:	PCT International Application	n No.					
_	X the attached s	pecification	the specification in applicati	ion Serial No.			filed		
			(if applicable) and amend						
	I acknowledge the	I have reviewed and understand duty to disclose information whisign priority benefits under Title in for patent or inventor's certifical lication(s)	ich is material to patentability 35. United States Code, 6119	as defined in Title 37, Co (a)-(d) of any foreign app	de of Fede lication(s)	for patent or inventor's	1	e also identified below any	
							🗆		
	(Number)		(Country)		(Day/N	fonth/Year Filed)	Yes	No	
103	(Number)		(Country)		(Day/N	Nonth/Year Filed)	Yes	No	
	(Number)		(Country)	(Country) (Day/N		Nonth/Year Filed)	Yes	No	
104	I hereby claim the	benefit under Title 35, United S					Filling Date		
므	Application No.								
105	حجواة ما امممماليماك	benefit under Title 35, United S rior United States application in efined in Title 37, Code of Feder	the meaner provided by the fi	ret namorranh of Title 35	United Sta	tes Code 6112. Lacki	nowledge the duty to disclose in	onnation which is material to	
	• •	467,595	1	May 4, 2003 (Filing Date)			PENDING		
		olication Serial No.)		(Filing Date)			(Status: patented, pending, aba	ndoned)	
(20,	and transact all business in the Patent and Trademark Office connected therewith. HARVEY B. JACOBSON, JR. (20,851); JOHN CLARKE HOLMAN (22,769); MARVIN R. STERI (20,640); ALLEN S. MELSER (27,215); MICHAEL R. SLOBASKY (26,421); JONATHAN L. SCHERER (29,851); IRWIN M. AISENBERG (19,007); WILLIAM E. PLAYER (31,409) (YOON S. HAM (45,307) and NATHANIEL A. HUMPHRIES (22,772)  SEND CORRESPONDENCE TO: CUSTOMER NO. 00136  or  JACOBSON HOLMAN  PROFESSIONAL LIMITED LIABILITY COMPANY  JACOBSON HOLMAN						MAN E. PLAYER (31,409);		
_			EVENTH STREET, N.W. HINGTON, D.C. 20004			PROFE	SSIONAL LIMITED LIABILI	IIY COMPANY	
*Inv	. ,	ust include at least one unab	breviated first or middle n				NUMBER OF STATE		
11	FULL NAME * OF INVENTOR			GIVEN NAME	l cha	istopher MIDDLE NAME			
-		SIDENCE & CITY		STATE OR FOREIG	STATE OR FOREIGN COUNTRY		1	COUNTRY OF CITIZENSHIP U.S.	
201		POST OFFICE ADDRESS		CITY	Pen	nsylvania Is	STATE OR COUNTRY	ZIP CODE	
	ADDRESS	154 Sky Meadow	Lane	J	Leo	1	Pennsylvania	17543	
П	FULL NAME * OF INVENTOR	FAMILY NAME HARM	IAN	GIVEN NAME	Larr	v	MIDDLE NAME		
202	RESIDENCE & CITIZENSHIP	CITY	ttstown	STATE OR FOREIG	STATE OR FOREIGN COUNTRY  Pennsylvani		COUNTRY OF CITIZENSHIP  U.S.A.		
2	POST OFFICE ADDRESS	POST OFFICE ADDRESS 36 Pine Road		CITY			STATE OR COUNTRY  Pennsylvania	ZIP CODE 17301	
H	FULL NAME *	FAMILY NAME		GIVEN NAME			MIDDLE NAME		
П	OF INVENTOR	ANDENIOUN		David STATE OR FOREIGN COUNTRY		COUNTRY OF CITIZ	COUNTRY OF CITIZENSHIP		
203	RESIDENCE & CITY CITIZENSHIP Lititz					nsylvania		U.S.A.	
7	POST OFFICE ADDRESS	POST OFFICE ADDRESS 253 North Oak S	treet	CITY	Litit		STATE OR COUNTRY  Pennsylvania	ZIP CODE 17543	
I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under section 1001 of Title 18 of the United States Code; and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.									
SIGNATURE OF INVENTOR 201 SIGNATURE OF INVENTOR 202 SIGNATURE OF INVENTOR 203"									
D/	JE 11	14-03	DATE	10/2/4	2	DATE			
늗	NAdditional inventors are named on separately numbered sheets attached hereto.								

## JACOBSON HOLMAN PLLC ADDITIONAL INVENTORS

\* Inventor(s) name must include at least one unabbreviated first or middle name.

	FULL NAME *	FAMILY NAME	GIVEN NAME	MIDDLE NAME	
1					
204	OF INVENTOR	GEHRET	Michael STATE OR FOREIGN COUNTRY	J. COUNTRY OF CITIZENSHI	D
	RESIDENCE & CITIZENSHIP	Lititz	Pennsylvania	U.S.A.	
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY	ZIP CODE
_	ADDRESS	16 Round House Drive	Lititz	Pennsylvania	17543
	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME	
205	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHI	Р
П	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY	ZIP CODE
Н	FULL NAME *	FAMILY NAME	GIVEN NAME	MIDDLE NAME	
		PAIVILT NAIVIE	GIVENNAME	MIDDLE NAME	
	OF INVENTOR		ISTATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHI	D.
206	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHI	<b>r</b>
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY	ZIP CODE
	ADDRESS	POST OFFICE ADDRESS	CITT	STATE ON COOKITIT	Zii OODE
	FULL NAME *	FAMILY NAME	GIVEN NAME	MIDDLE NAME	
	OF INVENTOR				
207	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHI	Р
×	CITIZENSHIP				
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY	ZIP CODE
$\Box$	ADDRESS				
	FULL NAME *	FAMILY NAME	GIVEN NAME	MIDDLE NAME	
	OF INVENTOR				
208	RESIDENCE &	CITY.	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHI	Р
"	CITIZENSHIP		1		Y
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY	ZIP CODE
ı	FULL NAME *	FAMILY NAME	GIVEN NAME	MIDDLE NAME	
	OF INVENTOR				
509	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHI	P
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY	ZIP CODE
	ADDRESS		1		
П	FULL NAME *	FAMILY NAME	GIVEN NAME	MIDDLE NAME	
	OF INVENTOR				
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHI	Ρ .
21	CITIZENSHIP				
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY	ZIP CODE
	ADDRESS				
211	FULL NAME *	FAMILY NAME	GIVEN NAME	MIDDLE NAME	
	OF INVENTOR				
	RESIDENCE &	ICITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHI	P
	CITIZENSHIP			O O O O O O O O O O O O O O O O O O O	
			<del></del>	1	Taib coope
ŀ	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY	ZIP CODE
211	RESIDENCE & CITIZENSHIP	3			-0.0

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under section 1001 of Title 18 of the United States Code; and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

	or raise claterizerite may jeoparane and value of an	o approance or any parent recoming the recomm
SIGNATURE OF INVENTOR 204	SIGNATURE OF INVENTOR 205 *	SIGNATURE OF INVENTOR 206 *
DATE / 10113/03	DATE	DATE
SIGNATURE OF INVENTOR 207 *	SIGNATURE OF INVENTOR 208 *	SIGNATURE OF INVENTOR 209 *
DATE	DATE	DATE
SIGNATURE OF INVENTOR 210 *	SIGNATURE OF INVENTOR 211 °	
DATE	DATE	